

9253

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 397	
County <u>Greenlee</u>			County Registered No. <u>18</u>	
District <u>Leighton</u>			Local Registrar's No. <u>8</u>	
Town <u>Leighton</u>				
Or City <u>Leighton</u>				
No. _____			St. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Guadalupe Ortega</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>Mexican</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> OR DIVORCED <input checked="" type="checkbox"/>	DATE OF DEATH <u>Feb 13</u> 191 <u>4</u>	
DATE OF BIRTH _____			(Month) (Day) (Year)	
AGE <u>36</u> yrs. <u>0</u> mos. <u>0</u> days			I hereby certify, that I attended deceased from _____	
If less than 1 day _____			191 to 191; that I last saw h. alive	
OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed or (employer)			on 191, and that death occurred on the date	
BIRTHPLACE (State or country) <u>Mexico</u>			stated above at _____ M. The DISEASE or INJURY causing	
NAME OF FATHER <u>Antonio Ortega</u>			Death was as follows: _____	
BIRTHPLACE OF FATHER (State or country) <u>Mex</u>			(Duration) yrs. mos. days	
MAIDEN NAME OF MOTHER <u>Enarista Cruz</u>			Was disease contracted in Arizona? <u>No</u>	
BIRTHPLACE OF MOTHER (State or country) _____			If not, where? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			CONTRIBUTORY (Duration) yrs. mos. days	
(Informant) <u>Jesus Ortega</u>			(Signed) <u>No Physician</u>	
(Address) _____			191 (Address) _____	
PLACE OF BURIAL OR REMOVAL <u>Intest</u>	DATE OF BURIAL OR REMOVAL <u>Feb 14</u> 191 <u>4</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
UNDERTAKER <u>L. P. Pusey</u>	ADDRESS <u>Leighton</u>	LENGTH OF RESIDENCE At place of death yrs. mos. ds. In Arizona yrs. mos. ds.		
		Former or Usual Residence _____		
		Filed <u>2-14-14</u> <u>M. P. Pusey</u> Local Registrar		
		Filed <u>3/18-14</u> <u>Lawton</u> County Registrar		